

**Massachusetts Employer Health Insurance Survey  
Spring/Summer 2001**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone number: \_\_\_\_\_  
Contact Fax number: \_\_\_\_\_

**Health Insurance Premium Amounts for Most Popular Health Plan  
(the plan with the largest number of enrollees)**

Most popular health plan name: \_\_\_\_\_

Please fill in the following table with the appropriate premium information for a full-time employee for this year (current costs) and last year. If the plan was not available last year, please indicate n/a for not applicable.

	Current Costs		Last Year's Costs	
	Individual Coverage	Coverage for Family with four members	Individual Coverage	Coverage for Family with four members
<b>Employee Contribution Per Month</b> (Please specify the dollar amount)	\$	\$	\$	\$
<b>Total Premium Amount Per Month</b>	\$	\$	\$	\$

Please return by fax to:

**Center for Survey Research  
University of Massachusetts – Boston  
Fax: 000-000-0000**